DOCUMENT RESUME

ED 425 856 PS 027 227

AUTHOR Porter, Toni
TITLE Neighborhood Child Care: Family, Friends, and Neighbors Talk about Caring for Other People's Children.
INSTITUTION Bank Street Coll. of Education, New York, NY. Center for Family Support.
PUB DATE 1998-06-00
NOTE 53p.
PUB TYPE Reports - Research (143)
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Caregiver Child Relationship; *Caregiver Role; Compensation (Remuneration); Early Childhood Education; *Family Caregivers; *Family Day Care; *Low Income Groups; Minority Groups; Motivation; Safety; Young Children
IDENTIFIERS *Caregiver Attitudes; Child Care Needs; Day Care Quality; Day Care Selection; New York (New York); *Parent Caregiver Relationship

ABSTRACT

This report details a qualitative study undertaken to add to the knowledge base about care provided by relatives, friends, and neighbors. Focus group discussions were organized with African American, Puerto Rican, and Dominican women who care for other people's children in three low-income communities in New York City. There were a total of 45 participants in the formal focus group discussion--21 participants in the English groups and 24 in the Spanish. The report discusses findings from the focus group discussions in the areas of: (1) relationship of the caregiver to the parent; (2) number and ages of children in care; (3) origin of the child care arrangements; (4) motivations for providing care; (5) child care schedules; (6) remuneration; (7) quality of care; and (8) caregivers' interests. The report also discusses safety and quality issues, offers a view of child care in the community as a continuum, and suggests implications for public policy and for programs. In conclusion, the report notes that by knitting family, friends, and neighbors together in the shared care of children, child care is a fundamental part of the social, economic, and cultural fabric of low-income communities. The report's four appendices present: (1) project description; (2) organizing the focus groups; (3) analysis of findings: subcategories; and (4) child care continuum. (LPP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 425 856

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Neighborhood Child Care:

Family, Friends, and Neighbors Talk About Caring for Other People's Children

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Toni Parker

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

Toni Porter

Bank Street College of Education
Center for Family Support
Division of Continuing Education

July, 1998

PS 027222

BEST COPY AVAILABLE

Neighborhood Child Care:

Family, Friends, and Neighbors Talk About Caring for Other People's Children

Toni Porter

Bank Street College of Education
Center for Family Support
Division of Continuing Education

July, 1998

Table of Contents

Acknowledgments 1

Introduction 2

Review of the Literature 4

Safety and Quality 6

Purpose of the Study 7

Methodology 7

Findings 9

Characteristics of the Participants 9

Relationship of the Caregiver to the Parent 10

Number of Children in Care 11

Ages of Children in Care 12

Origin of the Child Care Arrangements 12

Motivations for Providing Care 14

Child Care Schedules 15

Remuneration 16

Quality of Care 18

Areas of Conflict 20

"Taking Advantage" 21

Childrearing Styles 22

Boundary Issues 23

Behavioral Issues 24

Cultural Issues 24

Caregivers' Interests 26

Information 26

Materials 28

Format for Obtaining Information. 28
Discussion. 29
Safety and Quality. 31
Another Perspective on Child Care. 32
Implications for Public Policy. 34
Implications for Programs. 35
Conclusion. 36
References. 37
Appendix A: Project Description 39
Appendix B: Organizing the Focus Groups 43
Appendix C: Analysis of Findings: Subcategories 45
Appendix D: Child Care Continuum 47

Acknowledgments

I am grateful to many people who contributed in different ways to this study. Karen Brown, formerly with Citizens Advice Bureau (CAB) and now with the Bridgeport Community Foundation, helped to arrange several of the initial interviews in the spring of 1997 and then, in the dog days of August, to organize the field test for the focus group discussion guide. Daisy Colon of Aquinas Housing Corporation, Diana Perez of Women's Housing and Economic Development Corporation (WHEDCO) at Urban Horizons, and Miguel Bonilla, formerly of Cypress Hills Child Care Corporation, allowed us to use their space, recruited the participants, and ordered delicious refreshments for the formal focus groups. Ana Laureano, Nina Fuentes, and Liz Rodriguez facilitated the Spanish groups, and Amalia Peña transcribed and translated them.

Several colleagues graciously offered to review the preliminary draft. Ann Collins of the National Center for Children in Poverty provided useful comments on kith and kin care from the national perspective. Deena Lahn of the Child Care Law Center raised helpful questions related to regulation. Bobbie Weber, of the Oregon Child Care Research Partnership, and Fran Anderson reviewed it through the lens of their knowledge about child care consumers. I am also indebted to Caroline Zinsser of the Rockefeller Brothers Fund for her thoughtful insights and passionate interest in kith and kin caregivers, and to Mary Larner of the David and Lucile Packard Foundation for her clear, appropriate, and much appreciated editorial advice.

Three other groups of people deserve mention. One is my partners in this work: Rena Rice, Audrey Tindall-Harris, and Kira Kingren, my colleagues at the Center for Family Support; and Nancy Kolben and Cynthia Rowe from Child Care, Inc. Another is the foundations that supported this research and continue to support our work. I am grateful to two program officers at the Surdna Foundation, Lisa Yates, who helped to shape the project and has moved to Florida and Carey Shea, our current program officer, as well as Luba Lynch and Vickie Frelow of the A.L. Mailman Family Foundation, who are supporting our work with kith and kin caregivers.

And, finally, there are the grandmothers, aunts, friends, and neighbors who came to the focus group discussions on those hot summer days to talk about their experiences caring for other people's children. They are the experts on kith and kin care. If we listen to them, they have much to teach us.

Introduction

In the past decade, child care has become a major public policy issue. Much of the discussion has centered on three questions: how to increase the availability of care, how to make it more affordable for families, and how to improve its quality. To a great extent, the child care that has been the focus of this attention has been care in what the Census defines as "organized" child care facilities. This category includes day care centers, Head Start programs, nursery schools, and school-based prekindergarten programs that provide care for large groups of children in center-based settings for part or all of the day. Although these programs have been the primary focus of child care policy discussions, they do not represent a common child care arrangement. Organized child care facilities account for only 30% of the child care used by working families with children under five (Current Population Reports, 1998).

Most families depend on relatives for child care. Nearly half of children under five are cared for by a member of their family. Care with fathers, mothers, grandmothers, aunts, and other relatives accounts for 49% of the total, with grandmothers representing 17% alone.

Some families rely on relative care more than others. For example, it is more commonly used by poor and low-income families than working families in general. Relative care accounts for nearly 53% of the child care arrangements of poor families, and 57% of those for families with incomes between $14,400 and $30,000. Black and Hispanic families also tend to rely on relatives for their child care more than other families. Grandparents, aunts, and other relatives account for 50% of the child care arrangements of Black families and 58% of those for Hispanic families (Current Population Reports, 1998).

Where are the other young children whose mothers work? Nearly 15% are cared for by "nonrelatives in the provider's home." The Census defines this category as family child care, in which a single caregiver provides care for a small group of children in her own home. It also includes neighbors and friends who watch other people's children. Another small percentage of children, 5%, are cared for at home by someone other than a relative, most likely a nanny or au pair. This pattern of child care arrangements has remained fairly consistent during the past ten years,

with only modest shifts in the distribution among relatives, organized child care facilities, and family child care (Current Population Reports, 1998).

As they have for generations, families have continued to turn to relatives, friends, and neighbors for child care. Care by kin (family) and kith (unrelated individuals who serve as surrogate kin) has been largely overlooked in policy discussions about child care. In the early 1990s that situation changed as evidence about the factors that influence parents' choice of child care began to emerge.

Most of the research focused on low income families. It indicated that parents choose care with relatives, friends, and neighbors for a variety of reasons. Some use these arrangements because they may not be able to find or afford a space in a center-based early childhood program or a licensed family child care home that is convenient and located in the neighborhood. Others turn to family, friends, and neighbors because they offer care at night, on weekends, or in odd hours that do not conform to traditional center or family child care schedules (Larner, 1994; Mitchell, Cooperstein, & Larner, 1992; Porter, 1991; Siegal & Loman, 1991; Zinsser, 1991).

There was some evidence that families choose relatives, friends, and neighbors deliberately. Several studies showed that parents rely on kith and kin because they want safe care with someone they know and trust. Research also indicated that familiarity with the caregiver is a major factor for families of color as well as for families whose language is not English (Fuller & Holloway, 1996). Other research showed that parents prefer care by relatives, friends, and neighbors for their very young children (Porter, 1991). Once their children can talk, when they are two or three, parents want to use center-based care, because they see it as a place where their children will be prepared for school.

With the passage of the Personal Responsibility and Work Opportunities Act, care by relatives, friends, and neighbors emerged as a major public policy issue. It was clear that welfare reform, and the new Temporary Assistance for Needy Families (TANF) program, would generate a tremendous need for child care as thousands of women would be required to participate in education and training or find work in order to receive assistance. Relatives, friends, and neighbors represented a clear child care option for states that sought to respond to this demand.

The prospect of relying on kith and kin for child care has created a difficult situation for policy makers. On the one hand, there is an immediate need to provide child care for TANF recipients. On the other hand, there is a concern about using

public subsidies for care in settings that have largely been exempt from regulatory standards.

Expanding the use of public subsidies for care by relatives, friends, and neighbors has raised some serious questions. They include such issues as whether and how such care should be regulated; if and how to provide training and support to these caregivers; and how much, if any, funding should be allocated to such efforts. The situation is complicated by the lack of data about kith and kin care. There is only limited information about the characteristics of the relatives, friends, and neighbors who provide care, the nature of the arrangements, or its safety and quality.

Review of the Literature

Most of the data on care by relatives, friends and neighbors is drawn from a handful of studies, which include large scale surveys as well as qualitative and observational research. These studies have examined various aspects of kith and kin care that include, among others, the characteristics of the caregivers, the nature of the arrangements, and the safety and quality of care (see Table 1).

In general, research indicates that caregivers' ages range between 40 and 60. The 60 relatives in Galinsky, Howes, Kontos, and Shinn's (1994) study were 53, on average, and the 38 in Butler, Brigham, and Schultheiss's (1992) were 54. Kisker, Maynard, Gordon, and Strain (1989) found that relatives were younger, with ages ranging from 30 to 44, although there was a small proportion of grandmothers in their 60s. The educational backgrounds of the caregivers varied, but the research seemed to indicate that a significant proportion of caregivers did not have a high school degree and only a small number had any college experience. The percentage of respondents who had not completed high school ranged from 33% (Kisker et al., 1989) to 50% in the family and relative child care analysis (Galinsky et al., 1994). By contrast, the percentage of respondents who had completed some college ranged from 15% in Rhode Island (Butler et al., 1992) to 25% of the family and relative child care providers (Galinsky et al., 1994).

These studies point to some common findings about the features of kith and kin child care. With the exception of the 192 caregivers in Los Angeles (Malaske-Samu, 1996), who cared for an average of four children, the average number of children in care was two or three. Many caregivers provided child care during non-traditional hours. The proportion who cared for children at night or on weekends

Table 1
Selected Studies of Kith and Kin Care

AUTHOR	DATE	METHODOLOGY	SITE(S)	# of RESPONDENTS
Butler, J., Brigham, N., & Schultheiss, S.	1992	Interviews and home observations	Rhode Island	50 participants in the state's Food Vendor Program: 38 relatives; 12 in-home providers
Galinsky, E., Howes, C., Kontos, S., & Shinn, M.	1994	Interviews and home observations	San Fernando, Dallas, Fort Worth, Charlotte	226 providers: 112 regulated providers; 54 non-regulated family child care providers; 60 non-regulated relatives
Malaske-Sarner, K.	1996	mail survey	Los Angeles	192 responses from license-exempt caregivers
State of New Jersey Dept. of Human Services Division of Economic Assistance	1991	Interviews and home observations	New Jersey	200 self-arranged providers who cared for REACH participants and did not wnat to register with the state

ranged from 38% in Rhode Island (Butler et al., 1992) to 42% in Los Angeles (Malaske-Samu, 1996) and 60% in Illinois (Siegel & Loman, 1991).

The two studies that examined caregivers' motivation found similar results. The vast majority of the 200 caregivers in New Jersey (State of New Jersey, 1991) and those in Los Angeles indicated that they had offered to help parents out or were responding to the parents' requests for help.

Many of the caregivers in Los Angeles and Rhode Island reported that they had experience caring for children other than their own, and nearly a fifth of them had special training in child care. A significant percentage of caregivers in both studies, 71% in Los Angeles and 87% in Rhode Island, indicated that they would be interested in opportunities to learn more about child care.

Safety and Quality

Using home observations, two studies examined safety issues. The State of New Jersey (1991) study found that 71% of the caregivers possessed safety items--smoke detectors, safety gates, outlet covers, flashlights, first aid kits, and batteries--that the State required for regulated family child care providers. Approximately 85% had back-up caregivers for emergencies, and 58% had the parents' phone numbers. The Rhode Island study (Butler et al., 1992) found that nearly 60% of the homes were free of safety hazards such as open electrical outlets, peeling paint, or open windows, and that most of the homes where these problems were observed were located in urban neighborhoods.

The major study of quality in home-based care is the family and relative child care study (Galinsky et al., 1994), which used several measures to assess quality. These included sensitivity (for warmth), responsiveness (for attentiveness), and global quality. Using indicators which had been designed for regulated family child care, the global quality scale looked at space, furnishings, and learning activities as well as the caregiver's support for children's basic needs, language and reasoning, and social development. The results indicated that 9% of the caregivers provided good care, 56% provided care that was adequate, and 35% provided inadequate care. Providers that offered high quality care were more sensitive and responsive based on outcomes related to children's secure attachments, play with objects, and more complex play. The authors also concluded that providers who are committed to caring for children, who look for opportunities to learn more about early care and

education, and who seek out other providers offer higher quality, warmer and more attentive care.

While these data provide a partial picture of kith and kin care, they leave many questions unanswered. For example, we do not know much about how the arrangements start, why they may end, or the role that payment plays. Nor do we have much data about the issues that caregivers face in their daily care of other people's children, their needs, or the kind of help, if any, they may want in their caregiving roles.

Purpose of the Study

We aimed to obtain some answers to these questions in this study. Our purpose was twofold. First, we sought to add to the knowledge base about care provided by relatives, friends, and neighbors. In addition, we believed that the research findings might shed light on some murky issues that surround kith and kin care. This information might help to inform policy decisions that relate to this population of caregivers.

We also had a pragmatic purpose for conducting the research. In July, 1997, we initiated a two-year project to reach out and provide support to kith and kin caregivers in New York City. Designed as a collaboration between Bank Street College of Education's Center for Family Support, Child Care, Inc., and three community-based organizations, the project had three goals. One was to enhance the capacity of community organizations to meet the child care needs in their neighborhoods. Another was to improve the quality of care that children receive from relatives, friends, and neighbors. The third was to provide information about economic opportunities in child care for these caregivers. The research, particularly the questions related to caregivers' needs and interests, was intended to serve as the basis for planning services for caregivers (see Appendix A).

Methodology

Because we know very little about care by relatives, friends, and neighbors from their perspective, we chose a qualitative approach for our research, with focus group discussions as our principal research instrument. Our decision to use focus groups rather than interviews was based on several factors. Focus group discussions generally stimulate a lively exchange of opinions among individuals who share a common interest. They provide opportunities for the participants to interact with

one another, thereby generating an interplay of views. Our experience with both focus groups and interviews indicates that poor and low-income women are often more comfortable offering opinions to each other than to a researcher in one-to-one interviews, where there may be a tendency to provide the kind of answers that the participant thinks the researcher wants or expects to hear.

We began the development of the focus group discussion guide by interviewing a small number of relatives, friends, and neighbors who care for other people's children, and used the results of those interviews to design the preliminary guide. One series of questions was related to the nature of the child care arrangement. We asked the participants to tell us about the children for whom they were caring, with prompts for the child or children's ages, their relationship to the caregiver, and the child care situation, including the schedule, activities, and circumstances under which it had begun. Another series of questions focused on the caregiver's perceptions of the arrangement: what she liked most about it, what she found most difficult, and what problems, if any, had arisen. We then asked about the kind of information and support the caregiver might want. The last question focused on remuneration: if and how the caregiver received payment for her services.

We field-tested the guide in July, 1997, with a group of caregivers in the South Bronx. (See Appendix B for a more detailed description of the focus groups.) We also used the field test to experiment with a strategy for recruiting participants for the formal focus group discussions. The strategy consisted of fliers advertising a two-hour discussion for people who were caring for at least one child under six for at least 12 hours a week. The fliers, which were distributed throughout the neighborhood, promised food and child care, but they did not indicate that participants would receive a $20 stipend.

The field test was successful, attracting 15 participants. During the next six weeks, we conducted six formal focus groups. Two groups, one in English and one in Spanish, were held in each of three sites: East Tremont and Morrisania in the South Bronx, and the Cypress Hills section of Brooklyn. The sites were located in low-income neighborhoods with large numbers of working poor and families on welfare. The South Bronx sites were also neighborhoods where large numbers of apartments had been rehabilitated in the late 1980s for formerly homeless families. In all three sites, there was a large number of Spanish speaking families, ranging from 40% to 50% of the population. In the South Bronx, many of the Latino families

were from Puerto Rico or the Dominican Republic, while a substantial proportion of the Latinas in Cypress Hills were from Central and Latin America.

One facilitator conducted the English focus groups. We used three different Spanish-speaking facilitators for the Spanish groups. An observer from the Center for Family Support was present at all of the groups; an observer from Child Care, Inc. was present at two English groups. After we prepared an initial abstract of the English audiotapes, the complete tapes were transcribed. The Spanish audiotapes were translated and transcribed.

Five people, two from Child Care, Inc. and three from the Center for Family Support, analyzed the transcripts for themes, and then we met as a group to compare our results. We identified 8 major categories and 30 subcategories. These included the nature of the arrangements, caregiver motivation, caregiver experience and knowledge, activities for children, caregiver-parent relationships, and caregiver concerns about child development and behavioral issues. (See Appendix C for the list of subcategories.) We used these categories to code the transcripts, with special attention to differences and commonalities across three categories of relatives, friends, and neighbors as well as Spanish speakers and English speakers.

Findings

Characteristics of the Participants

There were a total of 45 participants in our formal focus group discussions, 21 participants in the English groups and 24 in the Spanish. Two thirds of the women in the English-speaking groups were African American. Most of them were American-born, the remainder from the West Indies. The other participants in the English groups were Latinas. With the exception of a Honduran woman, they identified themselves as Puerto Ricans or Dominicans. Most of the women in the Spanish groups identified themselves as Puerto Rican or Dominican, although one woman in the Cypress Hills group indicated that she was from Ecuador. There was one man, a Puerto Rican, who participated in an English group.

Although we did not ask the participants to indicate their ages, enough women volunteered this information to provide us with some insights. Their ages ranged from 19 to early 60s, with a higher proportion of older women in the Spanish-speaking groups. Nor did we ask specific questions about educational or employment backgrounds but information about these characteristics emerged as well. Some women, particularly those in their 20s or 30s, had attended or completed

college, but the majority had not gone beyond high school. Two women were currently enrolled in part-time computer training programs. Some of the older women had worked outside of the home. One was currently working part-time as an aide in a local parochial school. Several women in the Spanish groups were attending English as a Second Language classes.

Slightly more than 40% of the participants were married and living with their husbands. An approximately equal proportion were the only adults in their household. The remaining 20% lived with other relatives or friends.

The majority (38 of 45) of the participants had children of their own. The number of children ranged from one to eleven. Many of the older women had children in their 20s or 30s. The younger women, those in their 30s, married or single, had school-age children or teenagers, while the youngest age group, those in their 20s, had children under six.

There were several differences between the Dominican and Puerto Rican women in the Spanish groups and the African American women in the English groups. Nearly half the women in the Spanish groups were married and sharing a household with their husbands, compared to a third of the African Americans. All of the Latinas who shared a household with relatives other than their husbands or children lived with immediate family: two with their parents and two with an aunt or uncle. The six African American women in this situation had different kinds of living arrangements. One lived with her father and her sister; another with her mother-in-law, her husband, and his two brothers; and a third with her brother, his wife, and their child. Two others lived with friends.

The Latinas, who were generally older than the African Americans, tended to have a larger number of children, four on average, compared to the African American families with an average of three. Six Latinas had five or more children. There were a total of seven childless women, two young Latinas, and five African Americans, including a young widow and an older woman. The five others were young women in their teens or early twenties.

Relationship of the Caregiver to the Parent

Who cares for children is one of the unanswered questions about kith and kin care. While we know grandmothers and family child care providers are caregivers, we do not know much about relatives or non-relatives. The relationship between the caregiver and the parent is important for several reasons. One is related

to parents' preference for child care with someone they know and trust. Another is related to the importance of shared culture. An additional reason is the importance of caring, consistent relationships for children's development.

Relatives constituted the largest category of caregivers in our focus groups, accounting for more than four in ten (42%) of the participants. Neighbors ranked second, representing nearly a third of the caregivers (35%). Friends followed, accounting for 22%. One woman in our discussions was not presently caring for children, although she had done so in the past.

Among the relatives, there were aunts, grandmothers, and one cousin. Aunts outnumbered grandmothers, 12 to 6. The three African American grandmothers were caring for their daughters' children; two of the three Latina grandmothers were caring for their sons' children. One Latina grandmother did not describe her relationship to the parent of her grandchild.

Sixteen caregivers were "neighbors." We used the caregivers' definition of the relationship as the basis for this category. It includes caregivers who said they were "watching" or "keeping" the children of "neighbors" or "parents" of children who lived in the neighborhood. Most of these caregivers were providing care for children of families who lived nearby including children in their apartment building. Three were registered family child care providers.

The smallest category consisted of friends. Ten women were caring for the child or children of a friend.

Five caregivers provided child care to children from more than one family. They were caring for a relative's child (or children) and the child (or children) of a friend or neighbor.

Number of Children in Care

Another important aspect of arrangements with relatives, friends, and neighbors is the number of children for whom caregivers provide care. The concern about numbers is related to two issues: children's safety and the quality of care. Common sense suggests that one person may have difficulty watching a group of seven or eight children, especially if several are active, inquisitive toddlers or three-year-olds. Adult-child ratios are also associated with child care quality because children can receive more individual attention and nurturing in small groups.

Two in three women we talked to cared for only one or two children. Most of them watched two children; the others cared for one. Four women were caring for

five or more children. Only one was caring for six children. (Three caregivers, all participants in the Spanish groups, did not indicate the number of children for whom they provided child care.)

Ages of Children in Care

Two thirds of the children in care (51 of 79) were six or under. Nearly half of them were toddlers (20 children between 12 months and two years of age). Another fifth (12) were five years old. Eleven children were six years old or older. There were only four infants (under 12 months). Two were cared for by a friend, one by a neighbor, and one by a grandmother.

Origin of the Child Care Arrangements

How did these child care arrangements start? One of the assumptions about kith and kin care is that some caregivers, especially relatives, pressure parents into child care arrangements for the money. There is also a notion that some caregivers, primarily neighbors, seek out parents who need child care for the same reason.

Most of the caregivers in our focus groups talked about offering to help or responding to requests for assistance. For the most part, these women were relatives or friends of the parents:

> I moved into this area and at the same time my sister-in-law was moving to Ozone Park . . . . They didn't have babysitting then, and they couldn't afford [child care] . . . . So, they were looking, and I said, "Why are you looking? I'm not far away, so why not send them here?"
>
> My sister came, and she goes, "What are you doing after school?" I said, like nothing. She goes, "Good. I'm going to college. Can you take care of my son [a three-year-old]?" So, I started.
>
> My sister-in-law, she was working for Macy's, and she was laid off during the time she was pregnant . . . . My brother works for AT&T, and AT&T closed their stores, so she had to go back because the financial situation became intolerable. Unemployment stopped for both of them. So she had to go back to work. I told her that if she ever needed help to call me. So I do it part-time between my mother, myself, and her sister. On the days that I'm here at [the ESL] class, my sister watches her [the 18-month-old niece]. And the other times, when she [my sister] has to go [to work], my mother watches her. So she is divided between the three of us.

> My girlfriend worked and she went to school. And she still does. When the children come home from school, I do the snacks, I do the dinners because she wouldn't come home until 10:00 at night. I make sure they have their baths. We live right across the hall from each other, so we were at home. The children were home, they never had to be out of their home. But the only thing I get out of it is being able to help.

Women who were neighbors also said that they offered to take care of children to help out:

> I've been living on my block for four years. It was my grandmother's apartment, so my family is known on that block. So everybody is like a close knit family on that block . . . . If anybody needs help, somebody is there. I happened to be outside when they [the parents] was talking about how . . . they went to the babysitter's house in the winter time and she didn't open the door so both of them had to stay home. So I was out there, and it's like, well, I'm home, I'll take care of them for the time being. I didn't expect it to be a long term thing. I was just, like, trying to help out. And now somebody else is having a problem with their babysitter and now they want me to babysit since I'm taking care [of this one] . . . .

> I work as a superintendent and I have an apartment on the first floor. So I saw [the lady in my building] taking her kids to the sitter and I said to her, "I'm not working now. Leaving the kids in the building is better." So that's how I started.

Some women talked about arrangements that started with recommendations from other parents. This situation appeared to be more common among the Spanish speakers. Two women talked about arrangements that began while they were at home, caring for their own children or grandchildren, and someone suggested them to another family:

> I care for children because a friend of mine recommended me.

> When I had my daughter, my husband did not want me to go to work and wanted me to take care of the girl . . . . My neighbor saw how I cared for my daughter, she saw that my home was not noisy, that the girl did not cry a lot, and these things are taken into consideration. They asked me if I could take care of their children. The boy was 25 days old, and the girl, three years old.

> I have been taking care of children only for a year and a half, because I have been in this country only two years. I couldn't find a job because I was very insecure. I was recommended by a lady to take care of a girl.

Other women, primarily older women who had been watching people's children for many years, proudly described their reputations as the "caregiver of the neighborhood":

> People I know that's in the neighborhood, and they say, "Oh, I know someone." You know what I'm saying . . . and they come to me.

> I have been taking care of children for many years and I have never gone out to look for them. They look for me. The mothers ask me, "Do you want to take care of the child because I work?" And the children adore me. They don't want to leave my home.

Only two women said that they actively sought out parents who needed child care. One was caring for five school-age children, three from one family, two from another:

> I go to their office [the school] and I said, "Look, if you hear something about somebody who is looking for child care during vacation, well, I don't go nowhere. If you're on vacation time and you need somebody for your kids, because you're working, I'm here."

> I used to go to church every Sunday with my mother. And my mother knows the people in the church, and they find me another job [taking care of children]. The ones [two school-age children] that I have now. One time [the mother] told me, "My sister is not going to be able to pick up the children. Will you do that for me?" And I said, "All right." I knew her, but not really. Just because I knew her from . . . another place, and then she moved to where I live.

Motivations for Providing Care

Why do these women care for other people's children? The question about the motivation for providing care is important because some research points to the desire to care for children and an aptitude for child care as a factor in quality. The women in our focus groups offered a variety of reasons. Consistent with their explanations of how the arrangements started, some cited the gratifying experience of being able to help out their daughters or sons, their sisters, their friends, their neighbors. Others talked about the satisfaction of caring for children and watching them grow as well as teaching them and seeing them learn:

> These are your friends, these are your family members so you are trying to help them. That's where it comes back down to helping. You know I don't want to drain you, because you're out there struggling.

> I really like kids a lot. And I just see the expression on their face . . . when they have fun, they enjoy themselves, and how kids get along with other kids, like they fight one minute and they get back together the next minute.
>
> I love to watch them because they are all doing different things and developing at different levels . . . . You see who is coordinated, who is good at what.
>
> It is lovely, because, although the children are not your own, they wind up loving you, because they know that you are the person who cares for them and they are going to learn from us and we from them.

There were also some women, irrespective of their relationship to the parents, who said that children filled a gap, an empty space in their lives, and who talked about child care in terms of being needed. One woman said that she watched children because she knew they were safe with her:

> Feeling needed because someone needs your help and you feel good about that. You feel good that you can do this, that you can help them.
>
> Makes the house complete when they are there.
>
> I like taking care of kids, because [it gives them] the love that they need because their parents is not there . . . . I like taking care of them because it gives me, it's just that it's filling the empty spaces.
>
> When I agreed to take care of the children, a lot of times I do it also because I worry about who they might wind up with if I don't take them. At least I know if I had them, they are safe.

Child Care Schedules

Some evidence about parents' reliance on relatives, friends, and neighbors for child care indicates that parents turn to them because these arrangements offer the flexibility they need. The caregivers in our focus groups described child care schedules that corroborate this research. Some took care of children during what might be considered traditional hours, with the children arriving early in the morning and staying until dinner-time. Others did not. They talked about children who were dropped off at three in the afternoon and picked up at 11:00 at night:

> I babysit almost full-time. They bring me [the baby] at 7 a.m. and they pick him up at 9 p.m.

> I take them from early in the morning until something like 6 o'clock or until 10 or 11. But it's too late after 12 o'clock. I say, don't, wait until the next morning.
>
> I start at 6 in the morning. I have kids that come at 10, I have kids that come at 6, I got some that come at 3, and I got some that sleep over that come from 11 to 7 in the morning.

Some caregivers--relatives, friends, and neighbors alike--talked about parents who brought their children in the evening to spend the night or who relied on them for care for the weekend. These parents worked at hospitals, in the police department, or for private industry:

> I have her all night. Her parents will come and get her about an hour, maybe two hours, and then I have her until 7:00 the next night.
>
> Mothers bring them to my house at night and they pick them up in the morning.
>
> I used to babysit for weekends, the kids would come early Saturday morning and they wouldn't leave until early Sunday night.
>
> It wasn't a situation like I had these children for a day and they went home . . . . Weekends I had them.

Four women described another kind of arrangement. They cared for kids from Monday morning until Friday evening. One was caring for her 2-year-old granddaughter; another for a friend's child; the other two, for neighbors' children:

> I keep her [her granddaughter] all week and her mother takes her on weekends. So, I keep her all week, like 24 hours a day.
>
> I always keep them seven days.
>
> Sometimes, I'm bringing the kids with me the whole week.

Remuneration

One of the recurring questions about kith and kin care is whether the caregivers receive payment. This is an important issue because it may affect the quality of the care. There is some concern that the caregivers whose primary interest is financial may not provide good care.

According to the women in our focus groups, the situation is complicated, depending on the nature of the relationship with the child's parents and the

caregivers' motivation for providing care. Some caregivers said that they neither expected nor accepted payment because they were trying to support the efforts of their relatives or friends, and sometimes their neighbors, to improve their lives:

> I don't charge her for babysitting . . . . Because [her daughter] has her own apartment and . . . I'm trying to let her start her life and do what she has to do to make it better for her own child, so I won't charge her.
>
> [For my daughter], I am giving her the opportunity to finish school. She works and we help one another.
>
> I don't charge for my nephew, but the ones I cared for before, I did.
>
> I'm home most of the time with them anyway, and sometimes, you need to go out in a hurry, so I watch them or else [her sister-in-law] will watch mine . . . . I help her out in ways and she helps me out, so I really don't mind.
>
> I have the keys to [her brother's apartment upstairs], so I go upstairs and grab whatever I want [for food]. Because I live in the house for free. I have a full basement, and I'm not paying rent.
>
> With my girlfriend, I guess you could say we work on a barter system. She didn't pay me but I didn't need for anything. When I cook for her children, my children ate as well. If I needed a dollar, I got it because we was so close, we was so tight, I didn't see the need to charge.
>
> I don't charge them. They're my friends. We help one another. When I need them, they take care of mine.

Other women said that they expected to be paid, even if the amount was nominal because the parents did not make much money. Most of these situations involved neighbors, but relatives (including grandmothers) and friends were paid as well:

> The mother of the child can't pay more than $50, even if it is 13 hours of work [a day]. She earns very little, but I want to help her. We both help one another. The other child is my grandson, and my daughter earns very little, and she contributes something.
>
> I charge [her sister-in-law] like a regular babysitter, $50 a week. I take care of her two days, and I charge her, like $20, $25.
>
> Sometimes, I tell my sister that she has to give me $50 or $60, and she tells me yes, right away. She is a very responsible person.

> Taking care of a child doesn't have a price. It is a lot of responsibility. For me, it has no price. Parents ask me, "How much are you going to charge me?" I tell them, "How much can you pay me?" Because, in reality, I don't set a price . . . . It also depends on how much does the mother earn. There are mothers that make $180 or $200 [a week]. Well, one can't charge them more than $40 or $50. It wouldn't make sense for that mother to go out and work and spend money on tokens and lunch.
>
> I don't charge for overtime and they love that. So, they're like, okay. Just don't take advantage of me. But the other thing is that it's such a little bit that I charge, I want to get paid the whole week even if you don't come in every day. And they respect that, so now if they go on vacation, they still pay me.
>
> Sometimes they pay me, sometimes they don't. I do it to keep busy.

Quality of Care

One of the primary concerns about child care with relatives, friends, and neighbors is the quality of the care they provide for children. Research on day care centers and child care centers has linked quality to caregiver training that prepares individuals to work with children. Although the depth and breadth of the training varies depending on the level, knowledge areas typically include child development, age-appropriate environments and curricula, health, safety, nutrition, and work with parents.

Many of the caregivers who participated in our focus groups had long experience working with children, although most of them lacked formal training. A large number of the women talked about their first child care experience as teenagers caring for younger siblings or cousins. Others talked about how they had volunteered in their own children's day care centers or schools. One had been an early childhood teacher in the Dominican Republic. The women had also sought out information about child development. Some had participated in parenting groups; others had read hospital pamphlets; and still others had watched television shows about how children grow.

The women in our focus groups did not use the term curriculum to describe the activities in which they engaged children. Rather, they talked about taking children to the park, talking to children, reading to children, feeding them, bathing them, and putting them down for naps. Many women who were caring for preschoolers talked about teaching the ABCs, colors, and numbers. Those who cared

for children after school talked about homework. The Latinas talked about singing and dancing with children as well. Many caregivers also turned to television, especially videos and video games, to occupy the children:

> I give her a bottle about 9:30 or 10:00 and then I fix her lunch and she takes a nap. She's real quiet, she's 15 months. Teach her the ABCs and we try to talk.
>
> With the [20-month-old twins], we have a schedule to go to sleep. And after that, I give them their lunch, they watch cartoons . . . and they like to write on stuff. I give them papers or crayons . . . . When they are young, they get in the habit of picking up a pen, and they start writing in any little scribble thing on there, but once you put like, ABC, and be, like, okay, "See if you can write that," and they start to copy off of that, and that's how they learn. Or you will be like, "ABCD," and they will be, like "ABC."
>
> I take care of a small child [a one-year-old], and the first thing I ask is whether he ate, because he can't talk. I read and sing to him.
>
> When she gets up, I ask her whether she wants milk, or whether she wants breakfast . . . . When she bothers me too much, I turn on the TV, because she is a nuisance sometimes.
>
> My girl is only 14 months old, but I know that she understands me. When she has to play and there is a plate and some pots, or paper, she knows that those things are not for her. It's very important to give them age-appropriate toys. I can't give a chess game to a two-or three-year-old child to play with. There are people that buy a toy because it's the fad or because it's pretty, and they don't know what the child is going to think about that toy. For example, a robot, a monster, those are not toys. My daughter does not have toys, only puppets, plastic toys, things that she can bend, fold, that do not harm her.
>
> I give them [a three-year-old and a five-year-old] their baths after breakfast and get them dressed. After that, I go, like, the ABCs and their numbers and things like that, and then usually they would watch Nickelodeon, and then they eat lunch, take a nap. They get up, play again, get a snack and things like that until their parents come about six.
>
> They [two preschoolers] have breakfast with us, if it's cereal or scrambled eggs and sausage . . . . I always plan something we are going to do, either the zoo or take them, not on an expensive boat ride, but the ferry. We go to the park . . . . I always bring their food and stuff. And after we go on all the adventures, we come back home and talk about,

> always talk about our day, and then wash off, and everybody is lying down, some of them conk out, waiting for the bell to ring.
>
> They [a mixed age group] like the park, ride bikes, skate or whatever, throw a ball, they'll bring the dog out, they'll play with the dog a lot . . . . I have coloring books, but for some reason, no one wants a TV. I have dolls and she will play with the dolls, or I set them down and read to them.
>
> I like to have them [school-age children] sitting in a circle and talk about what happened the day before. After that, if they cannot sit down for a long time, I give them some snack and we play some games.
>
> I have games [for a rainy day]. And I got videotapes like each bring. They all have theirs, different things like "Lion King." Some will play with the Nintendo, the SEGA, and the Play Station. So they all are different, doing different things. [She has three VCRs and three TVs.]

Areas of Conflict

A primary concern about care by kith and kin is the stability of the child care arrangement, which is grounded in evidence that points to the importance of consistent, caring relationships as a factor in children's development. There is a concern that child care with relatives, friends, and neighbors breaks down or falls apart with some frequency, thereby jeopardizing children's well-being (Gilbert, Berrick, & Meyers, 1991; Siegel & Loman, 1991).

Many of the women in our focus groups had long relationships with the children for whom they cared. Some had been caring for toddlers or two-year-olds since they were a few weeks old. Most of these women were relatives or friends. There were, however, a small number of caregivers, younger women in their 20s, who had only been watching the children in their care for two or three months.

The caregivers talked about a wide range of issues that, for them, represented difficult aspects of caring for other people's children. These included conflicts over payment, ambivalence about helping out and being taken advantage of, differences in child caring styles, boundaries, and coping with behavioral issues. While many caregivers indicated that the issues placed stress on their relationship with the parent, only one woman had actually ended a child care situation as a result.

Payment. Those caregivers who were paid generally received $50 or $60 a week per child. Conflicts about these financial arrangements typically revolved around the amount, what it covered, and what it did not. Sometimes this payment

covered food, pampers, and carfare, and sometimes it did not. Misunderstandings about "extras" created tensions, according to some of the women. They said that they tried to resolve these tensions in different ways. Several women indicated that they addressed them head-on; others let them go.

Three women were receiving payment through subsidy payments obtained by parents who participated in the City's welfare to work program. Their complaints about payment focused on lateness:

> She [her daughter] volunteers it [money] sometimes, and there is sometimes she acts like she don't know no better. Most of the time, if I'm going to take my granddaughter somewhere, she gives me money to go or buy the snacks. But sometimes she acts like she don't hear me or something like she don't know. "Oh, mommy, I forgot that you said you was going." Give me the money. And she gives it up. Because like I told her, if I die, she'll have to give it to someone else.
>
> Sometimes, my mother has to open her mouth, so that I get the right amount. Because it's like, most of the time, if I work for a stranger, they would take advantage of me if they have a lot of kids . . . . Because you're young and stuff like that, they take advantage of you. You are supposed to get your right amount like anybody else. If it was a friend, you would get paid up front.
>
> A lot of times you can get the extra money and the extra carfare and stuff when it's a family member or a close friend. But when it's someone like a stranger that you're babysitting for . . . their whole attitude is, "I'm already paying you, the money should come out of that." . . . You have to provide pampers if they need pampers, you have to provide the meals every day, and you have to provide the extra set of clothing.
>
> Well, I have my fee for taking care of children, but if I have to provide food and pampers, then it's a different fee.
>
> I haven't had any problems. They [her neighbors] bring their things, and when something runs out, I tell them, "Look, I ran out of pampers, bring some." Or something else, the food.

"Taking advantage." Some caregivers also talked about their feeling that their relatives, friends, and neighbors were "taking advantage" of them. Most often, "taking advantage" meant parents who arrived late without calling:

> I don't mind them being late if they call and say, "Listen, I'm going to be late. Is it all right? Can you keep the kids a few minutes more for

me?" No, no, something is wrong with the phone. They don't call, and all of a sudden my phone don't work. "You know, I tried getting you two hours later." . . . You got to tell me whether you will be late or something happened. Not whether I got plans or not tell me something. I'm worried about what happened to you, you don't call me or nothing.

When you tell me you are coming at a certain time for your child, if there is an emergency, you call me and let me know. I will keep your child until things are settled. Don't ever walk off and leave me hanging with your child. I've told them, this is how it is. Don't take advantage. You tell me you come in at 5, and you are ringing my bell at quarter to 9. And then say, "Well, could you watch her for another hour?" I don't think so.

I had kids like that, and never babysat for them [again]. Because she said, "Oh, I'm going to come at 5 o'clock," and she came back at 7 o'clock. She keep doing it to two other people. No one wants to take her children when she does that.

Your life for that amount of time, whatever amount of time, be it a couple of hours, a couple of days or a couple of months, it gets put aside. It gets put aside because they come first.

You have certain times where you want to have the time to yourself, but it's like, when they see, people know that you are nice, that you are so nice they will take advantage of you. Because you can say yes all the time, but you wasn't brought up to say no. They will just keep coming at you and once they see that you won't say no, they will just press you and press you until the time comes where you just explode.

They need to have consideration for the person that is caring for their child.

Childrearing styles. Relatives, friends, and neighbors also talked about differences in childrearing styles as a source of difficulties. Some caregivers did not agree with the parents' philosophy or attitudes about behavioral issues such as feeding, sleeping, or discipline. Others regarded the parents as too permissive:

She [her two-year-old granddaughter] don't go to bed until 2 o'clock in the morning. I have her on a schedule Monday through Friday. She go back home to her mother from Saturday to Sunday, she back hanging out again. My daughter likes to watch videos. So, now my granddaughter is like, "Grandma, I want to watch videos." No videos, it's time to sleep. So I have to shut the TV and she will go to sleep. But then, when she comes back on Sunday night [after spending the

> weekend with her mother], and it's time to go to bed, it's like, "Grandma, I want to watch videos." I'll be like, "No, you have to lay down and go to sleep now." Come on.
>
> Five minutes [after her neighbor's child eats] "I'm hungry." There is no way you could be hungry. That's the way his mother got him . . . . As soon as she brings him to me, you know she looks at me to do the same thing, but it's not always the proper thing. I say no. I would wait and you get a snack or whatever.
>
> Some of them, like this three-year-old, I don't understand why her mother [a neighbor] still has her in pampers. I think you should be out of pampers, like 15 or 20 months old.
>
> I had seen the way the child grow. The mother [her friend] didn't give the baby whatever he wanted, [he'd] slap her in the face. The little baby slap her in the face. And he can't do that with me. Because this is the way he is used to, because the mother is not there for the child.
>
> My brother is one of those book parents . . . . He gets his parenting from a book and . . . you have to take care of her his way and his way only.
>
> On weekends, parents pamper the children. They let them do what they want. Then, on Mondays, they come kicking, throwing toys, lying on the floor . . . . It takes me about two or three days to return to normalcy.

Boundary issues. Boundaries were an issue as well, primarily for neighbors rather than family or friends. The caregivers who had a problem with this issue talked about seeing themselves as the child's mother. They over-identified with the children, because they felt that the children spent more time with them than their own parents. In some situations, they even felt that the children were better off with them than their parents:

> People don't understand that you are the mother during the day, because you are keeping this child from 8 o'clock in the morning until 6 o'clock in the evening.
>
> When you babysit, you become a parent.
>
> The children are following what we teach them, because we spend the most time with them. The parents, they are just there, feed them and put them to bed. They come home so late, they don't really spend no time with them.

> It seems that the children I care for are better off with me than with their mother. When the departure time is getting close, they tell me that they have a headache. When the mother arrives, she goes to the bedroom and they make believe that they are sleeping and the mother has to leave. Later, they ask me, "Aunt, did my mother leave?" They call me Aunt. Then they get up. They stay at home three days, and they tell me, "You don't hit me and my sister. My mother does hit us."
>
> These children became my children. They became a part of my household. When I told my kids to get in the tub, they had to get in the tub, too. When we woke up in the morning, they were there. When we went to bed, they were there. When I wanted to go visit family, or I wanted to take the children out, I had to take them, too.

Behavioral issues. Family, friends, and neighbors talked about the challenges of setting limits, coping with tantrums, and trying to get children to nap. Children who would not eat what they were served or who would not eat at all were problematic, according to the women in focus groups:

> I see them watching TV and, I'm like, "Are you okay?" They are like, "We're fine." I go back out, and the next thing I hear is running up and down the stairs, with somebody throwing this or throwing that. I come back in the room, they got the powder, they got the lotion, they got this . . . . And I'm like, I'm going crazy.
>
> Sometimes you tell them to do something and they don't want to do it, and then get a tantrum, and they start screaming and carrying on, and saying no. You don't know what to do.
>
> They don't want to take naps.
>
> And nobody wants whatever you cook. No, they always say, "My mommy said I can't eat that."
>
> I give them my food . . . . You know, these kids don't want what their mother brings them.
>
> The two of them, they keep saying, "No, no, I don't like it because I want sweet things." It has to be a sweet cookie, and some they don't want. The salty one, they say, "No, I don't like it, it has to be sweet."

Cultural issues. Some differences emerged between the Latinas and the African Americans in our focus groups. The Dominicans and Puerto Ricans emphasized teaching children when they talked about their motivation for caring

for other people's children. A related concern was language--whether to use Spanish or English--in the context of preparing children for school:

> What I like most is that you can teach them to eat, to crawl, to walk from a very early age, and the parents see how you teach them and you feel happy.
>
> You teach them good things. You teach them to talk, to pray. You feed them, and when they start to talk, you enjoy them very much.
>
> I speak Spanish at home and try to help them, but my thinking is that they will learn when they go to school.
>
> I believe that extra help does not hurt. This way [with some English] they are not scared, because they are going to hear and they will not understand anything. If at least, one can start teaching them the colors and the other things, they are going to understand faster.

The Dominican and Puerto Rican caregivers also expressed greater concern about feeding issues than their African American counterparts. They were particularly worried about children who did not eat, which implied a fear that these children would fail to grow:

> I worry when they don't eat too much. You must find a way for them to eat.
>
> I would say that there are children that, if one cooks for them, one makes a meal for everyone, and they don't want it, one cannot force them, because a meal may not agree with them. One tries again so that it doesn't make them ill, trying to find a way, and they don't want to eat. And that makes you worry a lot.

Another issue for the Latina caregivers was safety and, concurrently, discipline. They talked about protecting children from harm and their need to find ways to set limits without physical punishment:

> The most difficult part for me is to admonish them [a neighbor's child]. They lean out a window, open the faucets, well, we have to be on the alert, know how to admonish them, because one can't hit them. Today, even if they are ours, one has to treat them with care.
>
> What I don't like is when they start to climb on things because that makes me nervous.

Caregivers' Interests

One goal of the focus groups was to learn if these caregivers wanted any assistance in caring for other people's children because there are some assumptions that kith and kin caregivers lack any interest in information and support. There is a notion that relatives in general, and grandmothers in particular, may not want any help because they have reared their own children. This is an important question for policy makers who are concerned about improving quality. It was also important for our prospective work with kith and kin.

The women were quick to respond to our questions. They were interested in a wide range of issues, ranging from information about how to support children's development to other services in the community and opportunities for employment in child care.

Information. The caregivers wanted to learn about many aspects of caring for other people's children. They were interested in information about health and safety, nutrition, first aid, and child development. One woman wanted information on developmental delays:

> Information about children's health.
>
> I would like to learn more about child abuse. Why? Because it occurs even at home and you do not realize it. Then you say, "How did it happen?" And it is happening to your child and you don't know it.
>
> I want to learn about nutrition because sometimes you feed them [the children] something and it is not nutritious for them.
>
> I would like a course on first aid. If a child gets sick, what to do.
>
> I would like to learn about [what to do] when they start asking questions, like, "Why does she have that and I don't?"
>
> How to teach them to be aware of danger.
>
> Information about biting, scratching.
>
> I have this one has a speech problem. The same thing with the little girl. A lot of times, she will go all day and not say a word.

> Working parents need training on how to treat their children. I believe that parents have to be taught how we do the things that we have to do for those children.

The women in our focus groups also wanted information about issues that touched their lives: welfare, Medicaid, and services that were available in their community. Immigration issues were a particular concern for the Spanish speakers:

> For example, information about welfare. I bump into people who tell me, "If they cut me off welfare, I am going to die." I would like to know how to answer them, give them information.

> I would like to know more, because you have children, don't have a job, no Medicaid and you have to go to the clinic. I would like to know more about that.

> Information about school services [for children with special needs], home care providing services.

> There are many people who are disoriented. They don't know what to do with their case [immigration]. They are traumatized.

> With all these changes in immigration, welfare, the information is very important for people who have been cut back. Psychologically, it is very important to help those who have been cut back. What benefits can the community offer to those people and the immigration problem that has closed the door to so many people for their children's future.

Several women in each focus group also expressed an interest in information about formal training in child care. Some wanted to become licensed family child care providers; others, early childhood teachers:

> I would like to get some training. To have my license.

> I wanted to open up my own day care . . . . Me and my friend, he is trying to get an apartment in my building and we are going to turn his apartment into a day care center. I would go for the training because you get more money when you have a license.

> What I need is to take the child care course, to make me feel secure if I have a child care license. To care for children the way I am doing is not good, because there are certain risks. For example, if something happens to the child, if the mother doesn't like something, she can do something against me. To have a license will make me feel more secure.

> Right now, I don't qualify to take care of children, because I live on the second floor. I have two doors, but one in the entrance and the other one, it leads to the roadway. [What I need is information] about [becoming a] classroom teacher.
>
> I would like to have a career in day care. I love that.

Materials. Many of the caregivers also talked about wanting or needing materials. Their primary focus was educational. They wanted books, toys, puzzles, and paint that would help children learn. Only two women expressed any interest in other kinds of equipment. They said that double strollers would be helpful:

> Books. They need to have stories read to them.
>
> I've been trying to get . . . learning toys because they are so active.
>
> The 1, 2, 3, the number books, the letter books, teaching them about their clothes and their bodies. Anything educational.
>
> We need equipment. Children like to play with toys a lot.
>
> The cards, and it tells you how to do it, one plus one, exactly right.
>
> Puzzles.
>
> Crayola, paints, blackboards.
>
> The little desk they have with the blackboard and they attach to it and could write on it and they have the ABCs and the letters and stuff like that.
>
> They have some blocks with numbers and stuff.

Format for obtaining information. One of our questions was how these caregivers wanted to obtain this information. Answers to this question would be valuable for policy makers who sought to support kith and kin, as well as for our projects, because we planned to provide services to meet their needs. We began with an open-ended question and then asked the women to rank their preferences. There were strong opinions in favor of both written materials and video tapes, with arguments about the advantages of each source:

> You read from the book, you know what to do.
>
> Reading. You can carry it with you, whatever, and read it when you have time. If you have a question, you can go back and see it.

> Videotape, because sometimes it explains to you more clear, you can see it better, and it's more easy for you.
>
> [Video] is somewhat faster and it's easier because you can visualize what's going on.

The overwhelming preference was for support groups in which the caregivers could talk to and learn from one another. Most women indicated that they would like to meet twice a month. Some women wanted to meet for two hours in the morning; others preferred evening meetings:

> I would like that meeting [support group], because I would hear the experiences of other people and be able to tell mine.
>
> This neighborhood lacks many things. People live very isolated. I personally would like to be in a group. That support is needed.
>
> I would like to be in a group, because that way we can learn from different opinions.
>
> If you have a problem, you can talk.

The caregivers said that they would not have a problem with the children for whom they were providing care. If child care were available, they would bring them, after they told the parents where they planned to go. The women did not think this would create any difficulties. The parents were used to the fact that the caregivers took the children to places; the support group would be simply be another place. Some women thought that the parents might want to come or that the parents should come, because the support groups might be helpful for them too.

Discussion

Our focus group discussions with African American, Puerto Rican, and Dominican women who care for other people's children in three low-income communities in New York City offer some insights into kith and kin care. Although the group of participants was small and did not represent a generalizable sample of these populations, the findings shed some light on a type of child care that has received little attention. The qualitative data enrich our knowledge of the characteristics of these caregivers as well as the nature of the child care arrangements and the circumstances in which they are provided. The findings also

point to some challenging issues for policy makers who must make decisions about how to use limited public funding to subsidize child care for eligible families.

Some of our findings reflect existing research on child care by relatives, friends, and neighbors. We, too, found that relatives comprised the largest category of caregivers. Our data indicate that most of the caregivers provided child care because they wanted to help. Some offered to care for children so that a relative, friend, or neighbor could work or go to school. Others responded to requests for assistance. Consistent with other data, our findings indicate that these caregivers provided child care during shift hours, at night, and on weekends.

Our research also reveals some new evidence about care by relatives, friends, and neighbors. While other studies indicate that relative caregivers were predominately grandmothers, aunts represented the largest category of relative caregivers in our focus group discussions. Caregivers who identified themselves as neighbors ranked second. Friends ranked third.

The discussions also provided additional information about the caregivers' household status. Approximately two fifths were married and living with their husbands. Another two fifths were living with extended family--parents and other relatives. The remainder were single heads of their households. Most of the women, and the sole man who participated in the focus groups, had children of their own. The women in their 20s or 30s had preschool or school-age children, including teenagers, while the older women, those in their 40s, 50s or 60s, had adult children.

We found that most of the women we talked to cared for one or two children other than their own. Only four women offered care for five or six children, but these children came at different times of the day or night; they were not all in care at the same time. The majority of the children in care were toddlers. Five-year-olds represented the second largest age group, followed by school-age children. Only four women were caring for infants under one year of age.

Based on previous studies, we had anticipated that parents would pay friends and neighbors for child care. What we had not anticipated was that relatives would be paid as well. On the other hand, we had not expected to find that the converse was true. Along with relatives, some of the friends and neighbors in our focus groups neither expected nor asked to be paid for child care.

Another unanticipated finding was related to the child care schedules. Four women in the focus groups were providing child care for children all week, from Monday morning when the parents dropped them off until Friday evening when

the parents picked them up. These kinds of arrangements were not limited to relatives with whom such arrangements might expected. Friends and neighbors provided full-week care as well.

These new data provide insights into care by relatives, friends and neighbors. The findings about household status, for example, suggest a partial explanation of the variation in payment arrangements. Caregivers who are married, or single caregivers who live with other family members, may not be as interested in or concerned about payment as other caregivers who may be more dependent upon it.

The ages of the children in care are also revealing. The fact that a large number are two-year-olds seem to confirm existing data on parents' preferences for child care with kith and kin for their very young children. On the other hand, there are only a small number of spaces in day care centers for children under three in New York City, which supports the notion that parents may use kith and kin arrangements because no other spaces are available.

The large number of five-year-olds in these arrangements may also be related to the availability of child care in regulated programs. In New York City, kindergarten is a full school day; five-year-olds need after-school care. The supply of child care spaces for school-age children is small.

Safety and Quality

We did not ask the caregivers in our focus groups specific questions about safety or quality, nor did we observe their homes, but the discussions touched on these issues. For example, none of the caregivers described a setting or a situation that seemed to be egregiously unsafe. Several mentioned their dogs, but these are, after all, family settings, where women are raising their own children as well as caring for other people's. At the same time, a number of caregivers, especially the Dominicans and Puerto Ricans, expressed distinct concerns about ensuring that children were safe from harm from accidents or illness. Their strong interest in these issues suggests a recognition of the importance of health and safety.

Clearly, we could not assess child care quality from our discussions, but the typical days described by relatives, friends, and neighbors offer some indication of the activities in which the children are engaged. Many of the caregivers talked about having a schedule, with rhythms that sound like those of the parents of young children. They take the children to the park or on other outings, read books with them, help them with their homework, prepare meals for them, bathe them, put

them down to sleep. Even the repeated reference to television as a recourse for bored or cranky children echoes what we know about many parents' practices.

The women in our focus groups did not use the term "play" often when they talked about how they spent their time with children. Instead, they talked about engaging the children in activities--ABCs, numbers--that they described as helping children to learn. Several factors may explain this emphasis on teaching children. On the one hand, these caregivers might have chosen to talk about what they regarded as educational activities rather than play, because they thought it would be more acceptable. A more likely explanation may be that these women, like other low-income parents and those for whom they are providing child care, place an enormous value on preparing their children for school. They may view traditional didactic methods that involve rote and memorization as the most effective ways to achieve this objective. Their notion of how to support children's learning may explain the interest in obtaining more materials like "number" and "letter" books which they regarded as educational, although some caregivers talked about their need for puzzles, blocks, and paint as well.

The findings about how caregivers learned to care for children may also shed some light on quality. Almost all of the women in our focus groups had cared for children for many years; many of them began as teenagers who watched younger siblings. A significant number had actively sought opportunities to learn more about children by volunteering at their child's early childhood program or school, by attending parenting classes or workshops, or by reading materials. Although these activities do not necessarily fit a definition of "professional development," they do indicate a desire and intent to increase personal knowledge and skills for supporting children.

Another Perspective on Child Care

In her study of "babysitters" in a small East Coast city, Zinsser (1991) speculates that women who care for other people's children fall into two categories, those who see their roles as "extensions of mothering" and those who come to "regard their work as a business and themselves as professionals" (p. 158). We propose a slightly different view, one that regards child care in the community as a continuum (see Appendix D) with relatives, friends, and neighbors who care for other people's children somewhere between parents, on one end, and professionally trained caregivers, family day care providers, and teachers, on the other.

In some instances, such as talking about difficult issues, asking for information, and describing their activities with children, the caregivers in our focus groups sounded like parents. They were anxious about discipline, feeding, and sleeping. The Latinas talked about language, an issue that often concerns parents whose first language is not English. The caregivers' interest in information also sounded like that of parents. Expectations for children, identifying developmental delays, behavioral problems, and preparing children for school all rank high among the requested topics for parent education workshops and classes. The preference for support groups, too, reflects parents' interests in parenting groups or workshops.

In other instances, the caregivers sounded more like prospective early childhood professionals. Several women in each of the focus groups expressed a strong interest in entering the child care field. Some wanted information about family child care training, and a few were interested in becoming teachers. Most of these caregivers were neighbors, primarily Latinas, but some relatives and friends asked for this information as well.

Still other instances illustrate the difficult place caregivers hold in the middle ground between parents and professionals. Many of the caregivers talked about conflicts with parents about differences in childrearing philosophies and styles, misunderstandings about payment, and their own difficulty in differentiating their roles from those of the parents. The ways they felt, communicated, addressed, or resolved these tensions, if at all, were related to their relationship with the parent. Family members, for example, were more comfortable dealing with conflicts about childrearing than friends or neighbors. Friends and neighbors seemed to have more difficulty defining their caregiver roles than did relatives. In general, friends and relatives had more trouble confronting and addressing conflicts over payment, but this was true of some neighbors as well.

These conflicts may affect the stability of the child care arrangement. Unresolved issues or unmet expectations may breed strong feelings--resentment or anger--that the caregiver may unconsciously take out on the child. In the extreme, they may lead to the breakdown of the arrangement altogether.

We did not see much evidence to support this notion in our focus groups. Many of the caregivers had cared for the same child or children for a relatively long time, in some cases since the children were a few months old. Short-term arrangements, measured in months rather than years, were more common between friends than between relatives or neighbors. Although relatives and neighbors

talked about threatening to end arrangements, only one caregiver, a friend, reported having done so.

Implications for Public Policy

In the past decade, the growing number of women in the workforce with young children has generated increasing awareness of families' child care needs. Welfare reform has sharpened the focus on this issue as thousands of women, who may not have needed someone to care for their children in the past must now find child care to comply with the requirement to work. A crucial issue for policy makers is how to support families' reliance on care provided by kith and kin and, at the same time, ensure that the care relatives, friends, and neighbors offer is safe, healthy, and nurturing.

Several questions confound the issue of care by relatives, friends, and neighbors. One is regulation. Regulation is typically intended to serve two purposes. One is to ensure that the public is protected, by requiring services or businesses to meet certain requirements in order to operate. If kith and kin care operates within the "family," as the findings from our focus groups seem to indicate, what kind of regulation is required to protect children? Even if money exchanges hands between parents and kith and kin caregivers, what role can or should the state play?

Public funding for caregivers in the form of subsidy payments raises other issues. What kind of requirements should states impose on grandmothers, aunts, friends, or neighbors to ensure that children are safe and that they receive good care? To what extent should these child care situations, most of which seem to be based on the close relationship between the caregiver and the parent (according to the caregivers we talked to), be subject to the same regulations that apply to child care in which this close relationship, at least initially, is absent?

Another question is related to the allocation of resources and states' priorities for child care. States must juggle the need to use public funds effectively to subsidize care for families who need it, to regulate care to protect children, and to support care that is good for children. To what extent can and should states use limited public funding to extend regulation to kith and kin providers, when their capacity to monitor and enforce existing regulatory standards is already stretched? Should states allocate funding to improve the quality of care that so many children receive from relatives, friends, and neighbors or should these funds be used to enhance the quality of care in family child care or center-based programs?

Implications for Programs

Our notion of child care as a continuum suggests a framework for considering issues related to kith and kin care. It places children, rather than their caregivers, as the central focus. It implies that children should be safe wherever they are and that all children should receive nurturing, stimulating care. From this perspective, every "child care" setting--children's own homes, those of other relatives, friends, neighbors, family child care providers, or early childhood programs--should be free of hazards and have basic safety equipment. By the same token, all of the people who care for children--their parents, their relatives, their friends, their neighbors, and professionals--should have an understanding of how children grow and how to promote their healthy development.

This framework suggests several strategies for addressing the concern about the safety and quality of kith and kin child care. States and localities might provide equipment, materials, and information for relatives, friends, and neighbors who care for other people's children. Safety kits could include smoke detectors, fire extinguishers, and first aid kits; children's books and other materials such as manipulatives could be provided as well. "Tip sheets" or videos in several languages about topics ranging from health and safety to supporting child development could also be distributed. Other topics could include communication with parents or conflict resolution. Funding could be provided for caregiver resource centers similar to family resource centers that would offer this information and equipment as well as offering support groups and access to information about formal training in child care for caregivers.

One advantage of these strategies is that they would address the perception that kith and kin caregivers need supports to provide safe, good care. In addition, they would meet the expressed needs of caregivers, if the interests of the caregivers in our focus groups hold true for others. An added advantage would be that of supporting caregivers in their dual role as individuals who care for children and as parents who care for their own.

Conclusion

Public funding for child care by relatives, friends, and neighbors presents a challenge for policy makers. With limited resources, they must balance concerns about safety and quality with the urgent need to meet families' child care needs. Efforts to make policy must be carefully considered, because they may have unintended consequences. We do not know how changing regulations would affect child care in the community; whether providing supports to relatives, friends, and neighbors would have a positive effect on the care they offer to children; or what effect limiting public subsidies to regulated family day care providers or center-based care would have on families.

There are other unanswered questions as well. The women we talked to account for only a small number of relatives, friends, and neighbors who care for other people's children. However valid our findings, it would be irresponsible to use them as generalizations about kith and kin care. To make sound policy decisions, we need a better understanding of the nature of these arrangements in other communities and in other cultural groups. We also need more and better data on the quality of care offered by relatives, friends, and neighbors, including safety and health conditions.

We must be mindful of one other factor. Our research suggests that relatives, friends, and neighbors who care for other people's children have a special place in the community. Sisters, mothers, girlfriends, neighbors on the block, they are connected to the families for whom they provide care. Even the exceptions--the small number of women who actively reach out to parents whom they do not know--are familiar and trusted figures. The child care that these women (and men) provide extends beyond enabling parents to work. By knitting family, friends, and neighbors together in the shared care of children, their child care is a fundamental part of the social, economic, and cultural fabric of low-income communities. Whatever decisions we make, we should make sure that we do not do irreparable damage to it.

References

Butler, J., Brigham, N., & Schultheiss, S. (1992). No place like home: A study of subsidized in-home and relative child day care. Providence, RI: Rosenblum and Associates.

Current Population Reports (Fall, 1994 Update). Who's minding our preschoolers? (P-70, No. 62.) Washington, DC: U.S. Government Printing Office.

Fuller, B., Holloway, S. D., & Liang, X. (1996). Family selection of child care centers: The influence of household Support, Ethnicity, and Parental Practice. Child Development, December 1996.

Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). The study of children in family child care and relative care: Highlights of findings. New York: Families and Work Institute.

Gilbert, N., Berrick, J., & Meyers, M. (1991). GAIN family life and child care study final report. Berkeley, CA: Family Welfare Research Group School of Social Welfare, University of California at Berkeley.

Kisker, E. E., Maynard, R., Gordon, A., & Strain, M. (1989). The child care challenge: What parents need and what is available in three metropolitan areas. Princeton, NJ: Mathematica Policy Research. (Prepared for U. S. Department of Health and Human Services, Contract No. HHS 100-86-0045.)

Larner, M. (1994). In the neighborhood: Programs that strengthen family day care for low-income families. New York: National Center for Children in Poverty.

Malaske-Samu, K. (1996). Highlights from the 1996 license-exempt child care provider survey. Los Angeles, CA: County of Los Angeles Department of Human Services.

Mitchell, A., Cooperstein, E., & Larner, M. (1992). Child care choices, consumer education, and low-income families. New York: National Center for Children in Poverty.

Porter, T. (1991). Just like any parent: The child care choices of welfare mothers in New Jersey. New York: Bank Street College of Education.

Siegel, G. L., & Loman, L. A. (1991, September). Child care and AFDC recipients in Illinois: Patterns, problems and needs. St. Louis, MO: Institute of Applied Research.

State of New Jersey Department of Human Services Division of Economic Assistance (1991, April). Report on REACH/JOBS participants "approved home" child care survey, November 1990. Trenton, NJ: Author.

Zinsser, C. (1991). Raised in East Urban: Child care changes in a working class community. New York: Teachers College Press.

Appendix A
Project Description

The Issues

Policymakers, practitioners, and advocates agree that welfare reform will generate a tremendous demand for child care as welfare recipients enter the workforce in large numbers. It is likely that many parents will turn to informal care, or child care by kith and kin (relatives, friends, and neighbors). It is also likely that some welfare recipients will begin to offer this kind of child care to comply with welfare reform's work requirements.

This situation raises some challenging issues:

- what are the needs and interests of informal caregivers?
- how can community-based organizations meet these needs and interests?

Who are we?

Created in 1997, The Child Care and Family Support Partnership is a collaboration of five organizations in New York City:

- **Bank Street College of Education's Center for Family Support**
  A leading national institution in early childhood education, Bank Street College has a 75-year history of preparing individuals to work with young children and their families. Since 1990, the Center for Family Support has provided training and technical assistance to agencies that offer family support services to vulnerable families. In addition, it coordinates a network of community-based organizations that offer family support services to more than 450 families annually.

- **Child Care, Inc.**
  A nationally recognized child care resource and referral agency that has provided leadership to the field, Child Care, Inc. is the largest resource and referral agency in New York City. In the past ten years, it has trained more than 3,000 family day care providers, with entry-level and advanced training as well as train-the-

trainer institutes and mentoring. In addition, it offers child care information to more than 3,000 parents annually.

- **Aquinas Housing Corporation**
  The Family Life Center at the Aquinas Housing Corporation is a family support program that works with families making the transition to independent and permanent living in the East Tremont/West Farms section of the Bronx. The Center offers programs in parenting, life skills, job/career readiness, budgeting, youth activities, ESL, and craft entrepreneurship. During the programs, child care is provided on site at the early childhood center. Aquinas Housing Corporation also coordinates educational workshops, individual counseling, housing assistance, tenant-landlord relations, senior services, and community organizing.

- **Women's Housing and Economic Development Corporation (WHEDCO) at Urban Horizons**
  Urban Horizons comprises 132 affordable apartments for low-income and formerly homeless families. Urban Horizons offers comprehensive services to the community and helps individuals make the transition from welfare to employment. Developed by the Women's Housing and Economic Development Corporation (WHEDCO), Urban Horizon's services include a child care center for 70 children, a family day care network, family support services, vocational training in the food industry, a takeout food business, a gourmet catering business, an incubator kitchen, entrepreneurship training and support, and a fitness center. The Institute for Urban Family Health operates a family practice clinic and Hunter College coordinates a Family Wellness Program at Urban Horizons.

- **Citizens Advice Bureau (CAB)**
  The Family Support Program of CAB offers families several programs in order to maintain and/or strengthen their abilities to function more independently. They include PACT (Parents and Children Together), a ten-week program for parents of young children who are interested in better understanding child development and enhancing their parenting abilities, and Family Day Care Training which provides 15 hours of required family day care training (in Spanish) for providers who are interested in becoming registered and licensed.

What do we intend to do?

With a focus on informal caregivers, we aim to accomplish two primary goals:

- strengthen the capacity of low-income communities to enhance the quality of child care that children receive
- provide information about economic opportunities for individuals who choose child care as employment

How will we do it?

The two-year project consists of four components:

- research on the characteristics, needs, and interests of informal caregivers--relatives, friends, and neighbors who provide care for other people's children through six focus group discussions
- creation of a train-the-trainer course and curriculum for community development organization staff to prepare them to provide information on child development and child care employment options for informal caregivers
- reaching out to and training of a total of 135 informal caregivers in three low-income communities
- documentation of several components of the project, including the focus groups, recruitment strategies, and the effect of the project on community organizations' capacity to meet child care needs

For additional information, please contact:

Toni Porter
Center for Family Support
Bank Street College of Education
610 West 112th Street
NY, NY 10025
Phone: 212/875-4478; FAX: 212/875-4547; e-mail: <tporter@bnkst.edu>

Cynthia Rowe
Child Care, Inc.
275 Seventh Avenue
NY, NY 10001
Phone: 212/929-7604; FAX: 212/929-5785

Daisy Colón
Aquinas Housing Corporation
875 East Tremont Avenue
Bronx, NY 10460
Phone: 718/893-8977; FAX: 718/617-2297

Diana Perez
WHEDCO at Urban Horizons Project
50 East 168th Street
Bronx, NY 10452
Phone: 718/839-1124; FAX: 718/839-1172

Jasmine Ellis-Carless
Citizens Advice Bureau
632 Southern Boulevard
Bronx, NY 10455
Phone: 718/585-4619; FAX: 718/585-4642

Appendix B
Organizing the Focus Groups

We had asked the agency that organized the field test to limit participation to 15 caregivers, because we assumed that attrition on the day of the discussion would reduce the number to ten or twelve. When we arrived at the site, a storefront that the agency used for its women's support group and after-school program, four women were waiting with children in tow. By the time the coffee and Danish were set up, five minutes before 10:00 a.m., when the discussion was scheduled to start, four other women had come through the door. We pulled other chairs up to the table in anticipation of additional participants, asked permission to record the discussion, and began to talk. By 10:30, 17 women were squished shoulder to shoulder, the children noisily playing behind a screen with the family child care provider who had been recruited to care for them.

It was a hot morning and the doors and windows were left open to supplement the fan in the corner. With the exception of one woman, who had little to say after introducing herself, the talk was loud and boisterous. The questions about the most positive and most difficult aspects of caregiving evoked lively responses. We had assumed that people would not want to discuss payment issues, but the caregivers were eager to talk about them. There was also little reluctance to answer questions about the number of children in care, about which we had thought the participants might be reticent, given potential legal implications. The series of questions about the kinds of information that might be helpful to them, and the most useful way to obtain it, prompted strong opinions. The discussion continued after we turned off the tape and the children joined the caregivers for lunch.

One agency in each community organized the focus group recruitment. The two South Bronx agencies manage not-for-profit housing and provide family support services; the Cypress Hills agency manages a family child care network as well as housing. Each agency developed its own fliers, using the approach that had been used in the field test, with a time for the discussion that was based on their knowledge of the neighborhood and the families who lived there. As a result of our experience with the field test, we asked the agencies to limit the number of participants to 12.

The East Tremont agency scheduled its discussions for the morning and the afternoon of the same day, a Thursday, with breakfast and lunch for the morning

English speaking group, and lunch for the afternoon Spanish speaking group. The discussions were held at the agency's multiservice site which is located on the first floor of one of its apartment buildings. The adults met in a classroom used for job preparation while the children stayed down the hall in the drop-in child care classroom supervised by the agency's child care specialist.

The Morrisania agency used classrooms that were located on the first floor of a building it manages. While the adults talked in the community room, the children were across the hall with a family child care provider in the child care center that was scheduled to open later in the year. The English and Spanish groups were held on Tuesday and Wednesday mornings consecutively, followed by lunch.

Unlike the other sites, the Cypress Hills site had to reschedule its initial dates because so few people responded to the invitation. It suspected that the low response rate was the result of the evening time slot, which did not seem to appeal to the caregivers in the community. The next round of dates and times--a Tuesday morning and afternoon--drew a satisfactory response. The adults met in an office that is also designed to serve as a conference room and the children remained downstairs with a family child care provider in a general purpose space.

Appendix C
Analysis of Findings: Subcategories

Nature of the Child Care Arrangements

- Relationship to parent
- Number of children in care
- Ages of children in care
- Hours of care

Caregiver Motivation

- Help
- Needed
- Fulfilling expectation

Remuneration

- Nature
- Frequency
- Explicit agreement

Caregiver Experience and Knowledge

- Care for own children
- Care for other family members' children
- Volunteer in child care setting
- Work in professional child care setting
- Informal education
- Formal education

Activities for Children

- Play
- Trips
- Meals
- Nap/Sleep
- Environment
- TV

Caregiver-Parent Relationships

- Expectations
- Communication
- Conflict
- Boundaries

Caregiver Interests in Child Development

- Expectations
- Temperament
- Children with special needs
- Working with parents

Caregiver Interests in Behavioral Issues

- Discipline
- Feeding
- Toilet training

Appendix D
Child Care Continuum

<INFORMAL CARE>

parents	relatives	friends and neighbors	family child care	group family child care	child care center